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Substitute for form 1449A/PTO				Complete if Known				
				Application Number	UNKNOWN			
INFO	RMATION	I DIS	CLOSURE	Filing Date	HEREWITH			
STATEMENT BY APPLICANT				First Named Inventor	PETER J. BALSELLS			
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	(use as many sh	eets as n	ecessary)	Examiner Name	UNKNOWN			
Sheet	1	of	1	Attorney Docket Number	2967			

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xaminer	Cite No.1	Document Number Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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